

# CG-DA/MA, APPLICATION FOR DISTRIBUTORS, MANUFACTURERS, AND MANUFACTURERS/DISTRIBUTORS

State Form 45404 (R2 / 6-08) INDIANA GAMING COMMISSION Approved by State Board of Accounts, 2008

| For Official Use Only |
|-----------------------|
| License Fee Paid      |
| Date Received         |
| Reviewed By           |
| Date Reviewed         |
| Date Keyed            |

| INSTRUCTIONS: If the application is incomplete,<br>Attach additional sheets if necessary.   | it will be returned   | d to you and p  | orocess                        | ing will be dela  | yed. Plea  | ase typ                      | pe or print. Plea                     | ase enclose license fee.                                |  |  |
|---|---|---|--------------------------------|---|--|------------------------------|---------------------------------------|---|--|--|
| 1. Type of License  (1) Distributor - \$5,000.00 License Fee  (2) Manufacturer - \$5,000.00 License Fee  (3) Manufacturer/Distributor - \$10,000.00 License Fee   |   | wal<br>rt Charges   | (1)                            | - •   | of Ownership ble Propriertorship omesticated Corporation |                              | (3) Limited Liability Company         |   |  |  |
| 4. If the applicant is a corporation or limited liability company, under laws of what state has it  | 5. For noncorporate out-of-state applicants, designate a natural person at least 19 years of age, who is a resident of and living in Indiana as a resident agent. |   |                                |   |  |                              |                                       |   |  |  |
| been incorporated or formed?  | Name  |   |                                |   |  | Daytime telephone number     |                                       |   |  |  |
|   | Street or other mailing address (number and street)   |   |                                |   |  |                              |                                       |   |  |  |
|   | City State  |   |                                |   |  |                              |                                       | ZIP code  |  |  |
| 6. Applicant's name   | Doing business as (DBA)   |   |                                |   |  |                              |                                       |   |  |  |
| 7. Address of principal office (number and street   | 7. Address of principal office (number and street; do not enter a P.O. box number)  Contact person  |   |                                |   |  |                              |                                       |   |  |  |
| City  | State   | ZIP code  |                                | County  | Daytime telep  |                              | ne telephone number                   |   |  |  |
| 8. Federal Identification Number  | 9. Retail merchant number 10. Email address   |   |                                |   |  |                              |                                       |   |  |  |
| 11. List the full name, home address, Driver's Libusiness named in this application:  a. If a sole propriertorship, list the indib. If a partnership, list each partner c. If a limited liability company, list each d. If a corporation, list each officer and any entity holding ten percent or more corporation, list each partner of such paperson or entity holding ten percent or e. If employed in a managerial position | vidual owner  ch member  l each person or e of the debt or equartnership, each n more of the debt   | ntity holding<br>nity of the app<br>nember of suc<br>or equity of a | ten per<br>olicant<br>ch limit | cent or more o<br>corporation is a<br>red liability cor | of the debt<br>a partners<br>npany, or                   | t or eq<br>hip, li<br>each o | uity of the appl<br>mited liability o | icant corporation. If company, or corporation and every |  |  |
| Name, Address, City, State, ZIP Code  |   | Title   |                                | r's License or<br>I.D. Number                           | Date of Birth (month, day, year)                         |                              | Percentage of<br>Ownership            | Telephone Number  |  |  |
|   |   |   |                                |   |  |                              |                                       |   |  |  |
|   |   |   |                                |   |  |                              |                                       |   |  |  |
|   |   |   |                                |   |  |                              |                                       |   |  |  |
|   |   |   |                                |   |  |                              |                                       |   |  |  |
|   |   |   |                                |   |  |                              |                                       |   |  |  |
|   |   |   |                                |   |  |                              |                                       |   |  |  |
|   |   |   |                                |   |  |                              |                                       |   |  |  |

| 12. Are any of the persons listed in number eleven (11) an owner, partner, officer, director, or employee of another entity that is licensed as an Indiana Manufacturer or Distributor? Yes No *If so, provide the following information.        |                            |                   |                      |                            |                  |                          |  |  |  |  |
|--|----------------------------|-------------------|----------------------|----------------------------|------------------|--------------------------|--|--|--|--|
| Full Legal Name  |                            | Af                | filiation            |                            | Caj              | pacity                   |  |  |  |  |
|  |                            |                   |                      |                            |                  |                          |  |  |  |  |
|  |                            |                   |                      |                            |                  |                          |  |  |  |  |
|  |                            |                   |                      |                            |                  |                          |  |  |  |  |
|  |                            |                   |                      |                            |                  |                          |  |  |  |  |
|  |                            |                   |                      |                            |                  |                          |  |  |  |  |
| 13. Does the applicant business have offices, warehouses, or other outlets or facilities in addition to the location address listed above where gaming equipment and/or supplies are stored, sold, or manufactured?                              |                            |                   |                      |                            |                  |                          |  |  |  |  |
| YES NO  13a. If Yes, attach a list identifying the complete name, address, and telephone number of each location.  |                            |                   |                      |                            |                  |                          |  |  |  |  |
| 14. Are any key persons of your business a   | member of an Ind           | iana nonpi        | ofit organization th | at conducts charitable for | ındraising?      |                          |  |  |  |  |
| 140. If Voc. list the leavement of full lea  | YES                        | □N                |                      | a Attach additional sha    | ota if managaam  |                          |  |  |  |  |
| 14a. If Yes, list the key person's full leg  | at name and the org        | ganization        |                      |                            | ets ii necessary | y.                       |  |  |  |  |
| Key person's legal name  |                            |                   | Organization nam     | e                          |                  |                          |  |  |  |  |
| Organization address (number and street)   |                            | City              |                      | State                      | ZIP code         |                          |  |  |  |  |
| 15. Are any key persons listed in #14 curre  | ently active in their      | organizati<br>□ N |                      | g activities in any manne  | r?               |                          |  |  |  |  |
| 15a. If Yes, please list the key person's  | full legal name; exp       | plain in de       | tail what status the | y hold in the activities.  | Attach addition  | nal sheets if necessary. |  |  |  |  |
| Key person's legal name  |                            |                   |                      |                            |                  |                          |  |  |  |  |
| Explanation  |                            |                   |                      |                            |                  |                          |  |  |  |  |
| Key person's legal name  |                            |                   |                      |                            |                  |                          |  |  |  |  |
| Explanation  |                            |                   |                      |                            |                  |                          |  |  |  |  |
| 16. Does the applicant business have employees actively engaged in the marketing of gaming supplies and/or equipment in Indiana?   |                            |                   |                      |                            |                  |                          |  |  |  |  |
| 16a. If Yes, attach a list identifying the   | ☐ YES<br>complete name, ho | □ N<br>me addres  |                      | mber of such employee.     |                  |                          |  |  |  |  |
| 17. Does the applicant business currently hold any type of gaming-related license in any other state?  |                            |                   |                      |                            |                  |                          |  |  |  |  |
| TYES NO  17a. If Yes, attach a list identifying each state, the type of license(s) held, the license number, and the period of time.   |                            |                   |                      |                            |                  |                          |  |  |  |  |
| 18. Has the applicant business ever been denied a gaming-related license in any state or had such license(s) canceled, suspended or revoked?   |                            |                   |                      |                            |                  |                          |  |  |  |  |
| TYES NO  18a. If Yes, attach a list identifying the state, the license action(s) taken, and the date(s) of such action.  |                            |                   |                      |                            |                  |                          |  |  |  |  |
| 19. Provide a list of the charity gaming sup   |                            |                   |                      |                            | fied organizati  | ions in Indiana          |  |  |  |  |
| Certification  | opines, equipment a        | na acvice.        | you sen to needse    | a distributors or to quan  | nea organizad    | ions in maiana.          |  |  |  |  |
| Certification  |                            |                   |                      |                            |                  |                          |  |  |  |  |
| I will comply with all of the provisions of the Indiana Charity Gaming statute and administrative rule. I declare under the penalties of perjury, that this is to the best of my knowledge and belief a true, correct, and complete application. |                            |                   |                      |                            |                  |                          |  |  |  |  |
| Signature of Presiding Officer Pr  | rint name                  |                   | Title                | Daytime telepho            | ne number        | Date (month, day, year)  |  |  |  |  |
|  | M                          | ail the con       | npleted application  | ı to:                      |                  | · /                      |  |  |  |  |
|  |                            |                   | aming Commission     |                            |                  |                          |  |  |  |  |
|  |                            |                   | Gaming Division      |                            |                  |                          |  |  |  |  |
| 101 W. Washington St., East Tower, Suite 1600  |                            |                   |                      |                            |                  |                          |  |  |  |  |
|  | Indianapolis, IN 46204     |                   |                      |                            |                  |                          |  |  |  |  |
|  |                            |                   | (317) 232-4646       |                            |                  |                          |  |  |  |  |
| Authority: IC 4-32.2  This application cannot be processed without a payment.  |                            |                   |                      |                            |                  |                          |  |  |  |  |

# Gaming Guidelines for Distributors and Manufacturers

# Guidelines are meant to be partial information, we advise you to review the Indiana Code and Title 68/Article 21 regulations in their entirety.

Beginning June 1, 1992, all business entities that desire to manufacture, distribute, rent, lease, donate or sell the following items to be used in charity gaming in the State of Indiana must be licensed by the Indiana Gaming Commission.

These items include but are not limited to: bingo cards, sheets, pads, or other supplies, devices, or equipment designated to be used in charity gaming events as defined in Indiana Code 4-32.2-2-19 and Indiana Administrative codes 68IAC 21-1-4, 68IAC 21-1-14, as well as pull tabs, punchboards and tip boards.

The following **check list** summarizes your responsibilities:

- You (distributor) must be registered as a retail merchant with the Indiana Department of Revenue prior to applying for a distributor gaming license.
- You must apply for and display a valid manufacturer and/or distributor gaming license
- Your products must meet certain specifications
- You must maintain specific records
- You (distributor) must collect and remit a gaming card excise tax to the Indiana Department of Revenue on certain transactions
- You must remit a Quarterly Report Form, CG-MDQ, which is due the 20<sup>th</sup> day of the month following the end of the quarter which is based on your license period. **Indiana Code 4-32,2-9-8**

#### Allowable Products

The following products must meet standards established by the North American Gaming Regulators Association (NAGRA). You may view these standards by accessing the NAGRA website at www.nagra.org.

#### **Pull Tab:**

- A pull tab must be a single folded or banded ticket or a two-ply card with perforated break-open tabs.
- The face of each card must be covered or otherwise hidden front view, concealing a number, letter, symbol, or set of letters or symbols.
- A designated number of tickets or cards must be randomly designated as winners in each set of tickets or cards.
- Each pull tab in a deal must bear the same serial number.
- The deal's serial number must be clearly and legibly placed on the outside of the deal's package or be able to be viewed from the outside of the package.
- Each deal's package, box, or other container must be sealed at the manufacturer's factory with a tamper resistant seal or tape, which includes a tampered warning message.
- Numbered lines must be provided for the player's signature if a seal is used.
- The prizes from the winning pull tab ticket or numbered line must be clearly and fully described on the flare.
- The total prize for a single winning ticket for a pull tab may not be more than five hundred ninety-nine dollars (\$599).
- The total prizes awarded for one pull tab game may not exceed five thousand dollars (\$5,000).

#### Punchboard

- A punchboard must be a card or board that contains a grid or section that hides the random opportunity to win a prize based on the results of punching a single section to reveal a symbol or prize amount.
- The serial number must be clearly and legibly placed on the outside of the package or be able to be viewed from the outside of the package.
- Each package, box, or other container must be sealed at the manufacturer's factory with a tamper resistant seal or tape, which includes a tampered warning message.
- The total prize for a single winning ticket for a punchboard may not be more than five hundred ninety-nine dollars (\$599).
- The total prizes awarded for one punchboard game may not exceed five thousand dollars (\$5,000).

### Tip Board

- A tip board must be a board, placard, or other device that is marked off in a grid or columns, with each section containing a hidden number or numbers or other symbols that determine a winner.
- The serial number must be clearly and legibly placed on the outside of the package or be able to be viewed from the outside of the package.
- Each package box or other container must be sealed at the manufacturer's factory with a tamper resistant seal or tape, which includes a tampered warning message.
- That total prize for a single winning ticket for a tip board may not be more than five hundred ninety-nine dollars (\$599).
- The total prizes awarded for one tip board game may not exceed five thousand dollars (\$5,000)

# Record Keeping Requirements Indiana Administrative Code 68IAC 21-4-2

As a manufacturer and/or distributor, you must keep specific records for the Commission. These records must be kept until the later of six (6) years or the end of an audit if such records are under audit. **68IAC 21-4-2** 

## **Sales Invoices:**

You must use a general sales invoice which:

- Is numbered consecutively, and
- Is prepared in at least two (2) parts, one being issued to the customer and the other retained in an invoice file.

All invoices must have the following information:

- Date of sale
- Customer name and business address
- Full description of each item sold
- Serial Number of each item
- Quantity and sales price of each item
- Gross amount of sales to each customer
- Customer's license number
- Your license number
- Gaming card excise tax for this sale (if applicable)

Credit memos must be prepared in the same detail as if they were sales invoices.

#### **Sales Journal:**

You must keep a monthly sales journal containing at least the following information:

- Date of sale
- Invoice number of sale
- Customer name and account number
- Total amount of the invoice
- Total amount of gaming card excise tax by sale (if applicable)

#### **Other Records:**

- You must keep a complete list of the persons representing your company to Indiana purchasers.
- You must keep purchase records documenting that all purchases made by you of bingo supplies, equipment, pull tabs, punchboards, and tip boards and any other licensed supplies purchased from either a licensed manufacturer or another licensed distributor.

# **Gaming Card Excise Tax**

An excise tax is imposed on the distribution of pull tabs, punchboards, and tip boards in the amount of ten percent (10%) of the wholesale price. This tax became effective June 1, 1992, for all sales that occurred after May 31, 1992. Sales of bingo supplies and selling equipment to a qualified organization are **not** subject to the Gaming Card Excise Tax.

The licensed distributor supplying pull tabs, punchboards, and tip boards is liable for the gaming card excise tax. The tax is imposed at the time the business:

- Brings or causes the pull tabs, punchboards, or tip boards to be brought into Indiana for distribution;
- Transports pull tabs, punchboards, or tip boards to qualified organizations in Indiana for resale by those qualified organizations.

The Gaming Card Excise Tax is due twenty (20) days after the end of the month in which the tax is imposed. It **should be remitted on Form GCE-103**, **Gaming Card Excise Tax Return, to the Indiana Department of Revenue.** This return must be filed monthly even when no tax is due.

For questions regarding the Gaming Card Excise Tax, contact the Indiana Department of Revenue by calling (317) 615-2557

# Penalties Indiana Code 4-32.2-8-1

The Commission can levy civil penalties for violations such as failure to keep accurate records concerning supplies, sales, or committing fraud or deceit. The Commission can impose an additional civil penalty of \$100 per day for each day the civil penalty goes unpaid.

A person who violates a provision of the law commits a Class B misdemeanor. A person who enters into a contract with a qualified organization to operate the qualified organization's allowable event commits a Class D felony.

#### Restrictions

An employee, officer, or owner of a manufacturer or distributor is prohibited from participating in or affiliating in any way with the <u>charity gaming operations</u> of a qualified organization of which the employee, officer or owner is a member. **Indiana Code 4-32.2-5-22** 

A manufacturer, distributor, or an officer or employee of a manufacturer or distributor is prohibited from being an operator or worker at any allowable event. Administrative Code 68IAC 21-3-3

A "key person" means any officer, director, executive, employee, trustee, substantial owner, independent owner, or agent of a business entity that has the power to exercise management or operating authority over a business entity or its affiliates. **Indiana Code 4-32.2-2-18.7** 

# Where to get help

Any further questions concerning these guidelines should be directed to:

Indiana Gaming Commission
Charity Gaming Division
101 West Washington Street, East Tower, Suite 1600
Indianapolis, Indiana 46204

Telephone: (317) 232-4646 Fax: (317) 232-0117

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